

RESEARCHER APPLICATION

APPLICANT'S NAME (Last, First, Middle Initial. Please indicate Mr. or Ms.)		TYPE OF APPLICATION <input type="checkbox"/> New <input type="checkbox"/> Renewal
PERMANENT ADDRESS (Street, City, State, Zip Code, Country)		PERMANENT TELEPHONE NO.
		PERMANENT FAX NO.
EMAIL ADDRESS	LOCAL ADDRESS (Street, City, State, Zip Code) AND TELEPHONE NO.	ANTICIPATED DATE OF ARRIVAL
CELL PHONE		

This information, although not required for obtaining an identification card, would aid our staff in assisting your research.

TYPE OF RESEARCHER

- ☐ Genealogist ☐ Scholar/Academic
☐ Journalist/Media ☐ Student
☐ Other: _____

DESCRIPTION OF PROPOSED RESEARCH (Identify topic specifically, e.g., date span, research area, full name of biographical subject, etc.)

EXPECTED RESULT OF RESEARCH

- ☐ Family History ☐ Senior or Masters Thesis ☐ Article ☐ Film/TV
☐ Course Paper ☐ Ph.D Dissertation ☐ Book ☐ Other (specify)

TENTATIVE TITLE

NAME OF INSTRUCTOR, THESIS OR DISSERTATION DIRECTOR/ADVISOR

OCCUPATION

NAME AND ADDRESS OF EMPLOYER OR INSTITUTION

- ☐ Check here if you do not want to be on a mailing list to receive information on NARA events, programs, publications, and invitations to join and contribute to NARA-associated foundations.

See the back of this form for the Privacy Act Notice that applies to the information you are providing.

I have read 36 CFR Part 1254 (Regulations for the public use of records in the National Archives and Records Administration) and I will comply with those regulations.

APPLICANT'S SIGNATURE

DATE

FOR NARA USE ONLY

IDENTIFICATION (example: driver's license, student ID, passport, company ID, etc.)

COMMENTS

SIGNATURE AND TITLE OF APPROVING OFFICIAL

DATE

CARD NO.